

MV - 154 - TR



**STATE OF WEST VIRGINIA  
DIVISION OF MOTOR VEHICLES**

Building 3, Capitol Complex  
Charleston, WV 25317

A F F I D A V I T

DATE \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, DO HEREBY CERTIFY THAT I

(AM) (WAS) THE SOLE OWNER OF \_\_\_\_\_,

AND THE CHANGE OF NAME REQUESTED WILL REFLECT NO CHANGE IN OWNERSHIP.

THIS AFFIDAVIT IS PREPARED FOR THE USE OF THE WEST VIRGINIA DEPARTMENT

OF MOTOR VEHICLES.

SIGNATURE \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC